

HUMAN SERVICES DEPARTMENT[441]

Adopted and Filed

Rule making related to disability services management

The Human Services Department hereby amends Chapter 25, “Disability Services Management,” Iowa Administrative Code.

Legal Authority for Rule Making

This rule making is adopted under the authority provided in Iowa Code chapter 225C.

State or Federal Law Implemented

This rule making implements, in whole or in part, Iowa Code chapter 225C.

Purpose and Summary

This rule making is a result of the five-year rules review for Chapter 25. Rules that are outdated or redundant are eliminated. These amendments update definitions, terminology and cross-references, and ambiguous rules are clarified.

Public Comment and Changes to Rule Making

Notice of Intended Action for this rule making was published in the Iowa Administrative Bulletin on July 13, 2022, as **ARC 6407C**. No public comments were received. One change from the Notice has been made to update obsolete Iowa Code cross-references in the implementation sentence of rule 441—25.41(331) in Item 30.

Adoption of Rule Making

This rule making was adopted by the Mental Health and Disability Services Commission on September 15, 2022.

Fiscal Impact

This rule making has no fiscal impact to the State of Iowa.

Jobs Impact

After analysis and review of this rule making, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any, pursuant to rule 441—1.8(17A,217).

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its [regular monthly meeting](#) or at a special meeting. The Committee’s meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

Effective Date

This rule making will become effective on January 1, 2023.

The following rule-making actions are adopted:

ITEM 1. Amend rule **441—25.1(331)**, definitions of “Emergency care,” “Evidence-based services,” “Family support peer specialist,” “Homeless,” “Mental health professional,” “Peer support specialist,” “Respite services,” “Routine care” and “Urgent nonemergency need,” as follows:

“*Emergency care services*” means the same as defined in ~~rule 441—88.21(249A)~~ 441—subrule 24.4(15).

“*Evidence-based services*” or “*evidence-based practices*” means using interventions that have been rigorously tested; have yielded consistent, replicable results; and have proven safe, beneficial and effective and have established standards for fidelity of the practice.

“*Family support peer specialist*” means a parent, primary caregiver, foster parent or family member of an individual who has successfully completed standardized training to provide family support through the medical assistance program ~~or the Iowa Behavioral Health Care Plan~~.

“*Homeless*” means the same as “homeless person” as defined in rule 441—25.11(331) Iowa Code section 48A.2.

“*Mental health professional*” means the same as defined in Iowa Code section ~~228.1(6)~~ 228.1(7).

“*Peer support specialist*” means an individual who has experienced a severe and persistent mental illness and who has successfully completed standardized training to provide peer support services through the medical assistance program ~~or the Iowa Behavioral Health Care Plan~~.

“*Respite services*” means a temporary period of relief and support for individuals and their families provided in a variety of settings. The intent is to provide a safe environment with staff assistance for individuals who lack an adequate support system to address current issues related to a disability. Respite may be provided for a defined period of time; respite is either planned or provided in response to a crisis.

“*Routine care*” means ~~the same as defined in rule 441—88.21(249A)~~ care which is not urgent or emergent in nature and can wait for a regularly scheduled appointment without risk to the individual. A condition requiring routine care is not likely to substantially worsen without immediate intervention.

“*Urgent nonemergency need*” means ~~the same as defined in rule 441—88.21(249A)~~ existence of conditions that are not emergent in nature but that require expeditious treatment because of the prospect of the condition worsening without immediate intervention.

ITEM 2. Rescind the definitions of “Community-based crisis intervention service,” “State board,” “Strengths-based case management,” “Telephone crisis service” and “Walk-in crisis service” in rule **441—25.1(331)**.

ITEM 3. Rescind and reserve rule **441—25.3(331)**.

ITEM 4. Amend paragraph **25.4(2)“c”** as follows:

c. *Crisis stabilization residential services.* ~~An individual who has been determined to need CSRS shall receive CSRS within 120 minutes of referral. The service CSRS shall be located within 120 miles from the residence of the individual or be available within 120 minutes from the time of the determination that the individual needs CSRS.~~

ITEM 5. Amend paragraph **25.4(2)“e”** as follows:

e. *Twenty-three-hour observation and holding.* ~~An adult who has been determined to need 23-hour observation and holding shall receive 23-hour observation and holding within 120 minutes of referral. The service Twenty-three-hour observation and holding shall be located within 120 miles from the residence of the individual or be available within 120 minutes from the time of the determination that the individual needs 23-hour observation and holding.~~

ITEM 6. Amend paragraph **25.4(3)“a”** as follows:

a. *Outpatient.*

(1) Emergency services: During an emergency, outpatient services shall be initiated to an individual within 15 minutes of telephone contact.

(2) Urgent: Outpatient services shall be provided to an individual within ~~one~~ 1 hour of presentation or 24 hours of telephone contact.

(3) Routine care: Outpatient services shall be provided to an individual within four weeks of request for appointment.

(4) Distance: Outpatient services shall be offered within 30 miles for an individual residing in an urban community and 45 miles for an individual residing in a rural community.

ITEM 7. Amend subrule 25.4(5) as follows:

25.4(5) Support for community living for adults. The first appointment shall occur within four weeks of the individual's request of support for community living services, including a home health aide, home and vehicle modifications, respite, and supportive community living.

ITEM 8. Amend subrule 25.4(6) as follows:

25.4(6) Support for employment for adults. The initial referral shall take place within 60 days of the individual's request of support for employment services, including day habilitation, job development, supported employment, and prevocational services.

ITEM 9. Amend subrule 25.4(7) as follows:

25.4(7) Recovery services for adults. An individual receiving recovery services, including family support and peer support, shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area to receive services.

ITEM 10. Amend subrule 25.5(3) as follows:

25.5(3) Regions must have evidence-based practices that the region has independently verified as meeting established fidelity to evidence-based service practice models including, but not limited to, assertive community treatment ~~or strengths-based case management~~; integrated treatment ~~of~~ for co-occurring substance use and mental health disorders; supported employment; family psychoeducation; illness management and recovery; and permanent supportive housing.

ITEM 11. Amend paragraph **25.6(1)“c”** as follows:

c. Eligibility for access center services. To be eligible to receive access center services, an individual shall meet all of the following criteria:

(1) The individual is an adult in need of screening, assessment, services or treatment related to a mental health or substance use crisis.

(2) The individual shows no obvious signs of illness or injury indicating a need for immediate medical attention.

(3) The individual has not been determined ~~not~~ to need an acute inpatient psychiatric ~~hospital level of care~~ hospitalization.

~~(4) The individual does not have immediate access to alternative, safe, and effective services.~~

ITEM 12. Adopt the following new subparagraph **25.6(8)“a”(4)**:

(4) Regional reimbursement rates for non-Medicaid individuals receiving intensive residential services shall be negotiated by the region and the provider and shall be no less than the minimum Medicaid rate.

ITEM 13. Amend subparagraph **25.6(8)“b”(1)** as follows:

(1) Be enrolled as an HCBS 1915(i) habilitation provider or an HCBS 1915(c) intellectual disability waiver supported community living provider and in good standing with ~~the Iowa Medicaid enterprise.~~

ITEM 14. Amend subparagraph **25.6(8)“b”(5)**, introductory paragraph, as follows:

(5) Ensure that within the first year of employment, staff members complete 48 hours of competency-based training in mental health and multi-occurring conditions. During each consecutive year of employment, staff members shall complete 24 hours of competency-based training in mental health and multi-occurring conditions. Staff training shall include, but is not limited to, the following:

ITEM 15. Rescind subparagraph **25.6(8)“c”(2)**.

ITEM 16. Renumber subparagraph **25.6(8)“c”(3)** as **25.6(8)“c”(2)**.

ITEM 17. Amend **441—Chapter 25**, Division II preamble, as follows:

PREAMBLE

These rules define the standards for a regional service system. The mental health and disability services and children’s behavioral health services ~~provided by counties operating as a region~~ shall be delivered in accordance with a regional service system management plan approved by the region’s governing board and implemented by the regional administrator (Iowa Code section 331.393). ~~Iowa counties are encouraged to enter into a regional system when the regional approach is likely to increase the availability of services to residents of the state who need the services.~~ It is the intent of the Iowa general assembly that the adult residents of this state should have access to needed mental health and disability services and that Iowa children should have access to needed behavioral health services regardless of the location of their residence.

ITEM 18. Amend rule **441—25.11(331)**, definitions of “Emergency service,” “Medical savings account,” “Mental health professional” and “Regional services fund,” as follows:

“*Emergency service services*” means the same as defined in ~~rule 441—88.21(249A)~~ 441—subrule 24.4(15).

“*Medical savings account*” means an account that is exempt from federal income taxation pursuant to Section ~~220~~ 223 of the U.S. Internal Revenue Code (26 U.S.C. ~~§220~~ §223) as supported by documentation provided by the bank or other financial institution. Any withdrawal from a medical savings account other than for the designated purpose becomes a countable resource.

“*Mental health professional*” means the same as defined in Iowa Code section ~~228.1(6)~~ 228.1(7).

“*Regional services service fund*” means the mental health and disability regional ~~services~~ service fund created in Iowa Code section 225C.7A.

ITEM 19. Amend subrule 25.12(2) as follows:

25.12(2) Regional administrator. The formation of the regional administrator shall be as defined in Iowa Code sections 331.388, ~~and~~ 331.390, and 331.399.

a. No change.

b. The regional administrative entity shall enter into and manage performance-based contracts in accordance with Iowa Code section ~~225C.4(1)“u.”~~ 225C.4(1)“x.”

c. No change.

d. The regional administrative entity functions as a lead agency ~~utilizing shared county or regional staff or other means of limiting administrative costs.~~

e. and f. No change.

ITEM 20. Adopt the following new paragraph **25.14(1)“k”**:

k. Methods for reimbursing member counties if county employees are conducting regional work.

ITEM 21. Amend paragraph **25.14(3)“g”** as follows:

g. A process for performance of an annual independent audit of the regional administrator, and methods for submitting the audit to the department upon completion.

ITEM 22. Amend paragraph **25.15(3)“d”** as follows:

d. The individual has a diagnosis of intellectual disability as defined by ~~Iowa Code section 4.1(9A)~~ rule 441—83.60(249A).

ITEM 23. Amend paragraph **25.15(7)“a”** as follows:

a. Until funding is designated for other service populations, eligibility for the core service domains shall be as identified in Iowa Code section ~~331.397(1)“b.”~~ 331.397(2)“b.”

ITEM 24. Amend paragraph **25.18(2)“e”** as follows:

e. Children’s behavioral health services. Identification of children’s behavioral health services as described in subrule 25.2(4), including contact information for the agencies responsible and eligibility

requirements or reference to where eligibility requirements can be found in the policies and procedures manual.

ITEM 25. Amend paragraph **25.18(2)“g”** as follows:

g. Budget and financing provisions for the next year. The provisions shall address how ~~county~~, regional, state and other funding sources will be used to meet the service needs within the region.

ITEM 26. Amend paragraph **25.18(2)“h”** as follows:

h. Financial forecasting measures. A description of the financial forecasting measures used in the identification of service need and funding necessary for services and a financial statement of actual revenues and actual expenses by chart of account codes, ~~including levies by county~~.

ITEM 27. Amend rule 441—25.21(331), introductory paragraph, as follows:

441—25.21(331) Policies and procedures manual for the regional service system. The policies and procedures manual shall describe the policies and process developed to direct the management and administration of the regional service system. ~~The initial manual is due on April 1, 2014, and will remain in effect subject to amendment.~~

ITEM 28. Amend paragraph **25.21(1)“e”** as follows:

e. Quality management and improvement process. The quality management and improvement process shall at a minimum meet the requirements of the department’s outcome and performance measures process as outlined in Iowa Code sections ~~225C.4(1)“j”~~ 225C.4(1)“k” and 225C.6A.

ITEM 29. Amend subrule 25.21(2) as follows:

25.21(2) Approval. ~~The manual shall be submitted by April 1, 2014, as a part of the region’s management plan for the fiscal year beginning July 1, 2014. The manual A region’s policy and procedures manual shall be approved by the region’s governing board and is subject to approval by the director of human services. The director shall review all regional annual service and budget plans submitted by the dates specified. If the director finds the manual in compliance with these rules and state and federal laws, the director may approve the plan. A plan policy and procedures manuals. Manuals approved by the director for the fiscal year beginning July 1, 2014, shall remain in effect subject to amendment.~~

a. ~~Criteria for acceptance.~~ The director shall determine a plan is acceptable when it contains all the required information, meets the criteria described in this division, and is in compliance with all applicable state and federal laws. The director may request additional information to determine whether or not the plan contains all the required information and meets criteria described in this division.

b. ~~Notification.~~

(1) ~~Except as specified in subparagraph 25.21(2)“b”(2), the director shall notify the region in writing of the decision on the plan by June 1, 2014. The decision shall specify that either:~~

1. ~~The policies and procedures manual is approved as it was submitted, either with or without supplemental information already requested and received.~~

2. ~~The policies and procedures manual will not be approved until revisions are made. The letter will specify the nature of the revisions requested and the time frames for their submission.~~

(2) ~~Review of late submittals.~~ The director may review manuals not submitted by April 1, 2014, after all manuals submitted by that date have been reviewed. The director will proceed with the late submittals in a timely manner.

ITEM 30. Amend rule 441—25.41(331) as follows:

441—25.41(331) Minimum data set. Each ~~county~~ region shall maintain data on all clients served through the ~~MH/DD services fund~~.

25.41(1) Submission of data. Each ~~county~~ region shall submit to ~~DHS~~ the department a copy of the data regarding each individual that the ~~county~~ region serves through the ~~central point of coordination process~~.

~~a. DHS state payment program.~~ The state supplementary assistance program, mental health institutes, state resource centers, Medicaid program, and Medicaid managed care contractors shall provide the equivalent data in a compatible format on the same schedule as the required submission from the counties regions.

~~b. DHS~~ The department shall maintain the data in the data analysis unit for research and analysis purposes only. Only summary data shall be reported to policymakers or the public.

25.41(2) Data required. The data to be submitted are as follows:

~~a. Basic client individual~~ information including a unique identifier, name, address, and county of residence and county of legal settlement.

~~b. The state I.D. number for state payment cases when applicable.~~

~~c. Demographic information including date of birth, sex, ethnicity, marital status, education, residential living arrangement, current employment status, monthly income, income sources, type of insurance, insurance carrier, veterans' status, guardianship status, legal status in the system, source of referral, diagnosis in the current version of the DSM, diagnosis code in the current version of the ICD, disability group (i.e., intellectual disability, developmental disability, chronic mental illness, mental illness, brain injury), central point of coordination (and county of residence number preceded by A-1), and central point of coordination (CPC) name.~~

~~d. Service information including the decision on services, date of decision, date client terminated from CPC services~~ termination date and reason for termination, residence, approved service, service beginning dates, service ending dates, reason for terminating each service, approved units of services, unit rate for service, expenditure data, and provider data.

~~e. Counties shall not be penalized in any fashion for failing to collect data elements in situations of crisis or in outreach efforts to identify or engage people in needed mental health services. For the purposes of this rule:~~

~~(1) Situations of crisis include but are not limited to voluntary and involuntary hospitalizations, legal and transportation services associated with involuntary hospitalizations, emergency outpatient services, mobile crisis team services, jail diversion services, mental health services provided in a county jail, and other services for which the county is required to pay but does not have access to the client to collect the required information.~~

~~(2) Outreach efforts to identify or engage people in needed mental health services include but are not limited to mental health advocate services; services for homeless persons, refugees, or other legal immigrants; services for state cases who do not have documentation with them and are unable to help the county locate appropriate records; consultation; education to raise public awareness; 12-step or other support groups for persons with dual disorders; and drop-in centers.~~

~~f. e. Although all of the data in the minimum data set are important to provide support for program analysis, a county shall be penalized for noncompliance with this rule if the county does not provide 100 percent reporting of the data elements listed in this paragraph. Beginning with the data reported for state fiscal year 2008, less than 100 percent reporting for the following items shall be viewed as noncompliance unless the data are exempted by paragraph "e": Regions shall submit data according to the file layouts, format, and naming conventions prescribed by the department. Any changes to the data submission requirements will be made in consultation with the regional administrators.~~

~~(1) Client identifiers:~~

~~1. Lname3 (the first three letters of the client's last name).~~

~~2. Last4SSN (the last four digits of the client's social security number).~~

~~3. SEX (the client's sex).~~

~~4. BDATE (the client's birth date).~~

~~(2) CPC (central point of coordination).~~

~~(3) Payment information:~~

~~1. PYMTDATE (CoMIS payment date).~~

~~2. FUND CODE (CoMIS fund code).~~

~~3. DG (CoMIS diagnosis).~~

~~4. COACODE (CoMIS chart of accounts code).~~

5. ~~BEGDATE (CoMIS service beginning date).~~
6. ~~ENDDATE (CoMIS service ending date).~~
7. ~~UNITS (CoMIS units of service).~~
8. ~~COPD (CoMIS county paid).~~
- (4) ~~ValidSSN (valid social security number indicator).~~
- (5) ~~IsPerson (IsPerson indicator).~~

~~g. f.~~ Although all of the data in the minimum data set are important to provide support for program analysis, a county shall be penalized for noncompliance with this rule if the county does not provide 90 percent reporting of the data elements listed in this paragraph beginning with the data reported for fiscal year 2008. Less than 90 percent reporting for the following items shall be viewed as noncompliance unless the data are exempted by paragraph “e”: Regions must submit their data for each fiscal year by December 1 of the following fiscal year.

(1) ~~Application Date (application date)~~ When a region’s data is incomplete or is not compliant with the prescribed file layouts, format, or naming conventions the region will be notified by email.

(2) ~~RESCO (residence county)~~ The region shall resubmit corrected files or provide an explanation for noncompliant data within 30 days of the date of the email notice.

(3) ~~LEGCO (legal county)~~ If the region remains noncompliant after the 30-day time period, the department may take action as allowable under the performance-based contracts established pursuant to rule 441—25.23(331).

(4) ~~Provider ID (vendor number).~~

~~h.~~ The department shall analyze the data received on or before December 1 each year by December 15 or by the next business day if December 15 falls on a weekend or holiday.

(1) ~~When a county’s data submission does not meet the specifications in paragraph “f” or “g,” the department will notify the county by email.~~

(2) ~~The county shall have 30 days from the date of the email notice to submit the missing data or to provide an explanation of why the data cannot be reported.~~

(3) ~~If the county does not report the data or provide an adequate explanation within 30 days, the department shall find the county in noncompliance.~~

~~i.~~ The department shall post the aggregate reports received by December 1 on the department’s website within 90 days.

25.41(3) Method of data collection. ~~A county may choose to collect this information using the county management information system (CoMIS) that was designed by the department or may collect the information through some other means. If a county chooses to use another system, the county must be capable of supplying the information in the same format as CoMIS.~~

~~a.~~ Except as provided in subparagraph (3), each county shall submit the following files in Microsoft Excel format (version 97 to 2000) or comma-delimited text file (CSV) format using data from the associated CoMIS table or from the county’s chosen management information system:

<u>Files to submit</u>	<u>Associated CoMIS Table</u>
WarehouseClient.xls or WarehouseClient.csv	Client Data
WarehouseIncome.xls or WarehouseIncome.csv	Income Review
WarehousePayment.xls or WarehousePayment.csv	Payment
WarehouseProvider.xls or WarehouseProvider.csv	Provider
WarehouseProviderServices.xls or WarehouseProviderServices.csv	tblProviderServices
WarehouseService.xls or WarehouseService.csv	Service Authorizations

(1) ~~Paragraphs “b” through “g” list the data required in each file and specify the structure or description for each data item to be reported.~~

(2) ~~The field names used in the report files must be exactly the same as indicated in the corresponding paragraph, including spaces, and must be entered in the first row for each sheet.~~

(3) The file labeled WarehouseService.xls or WarehouseService.csv or service authorization (described in paragraph “g” of this subrule) shall be removed from this requirement on June 30, 2011, if data from this file have not been used by that date.

b. File name: WarehouseClient.xls or WarehouseClient.csv.

Sheet name: Warehouse_Client_Transfer_Query.

Field Name	Data Type	Field Size	Format	Description
CPC	Number	3	0 decimal places	Central point of coordination number: county number preceded by a 1
RESCO	Number	3	0 decimal places	Residence county of client: 1-99 = County number 100 = State of Iowa 900 = Undetermined or in dispute
LESCO	Number	3	0 decimal places	Legal county of client: 1-99 = County number 100 = State of Iowa 900 = Undetermined or in dispute
Lname3	Text	3		The first 3 characters of the last name
Last4SSN	Text	4		The last 4 digits of the client's social security number. If that number is unknown, then use the last 4 digits of the CLIENT ID# field and mark column "ValidSSN" with the value "No."
BDATE	Date	10	mm/dd/yyyy	Date of client's birth
SEX	Text	1		Sex of client: M = Male F = Female
Last Update	Date	10	mm/dd/yyyy	Date of last update to client record
SID	Text	8	9999999a	State identification number of client, if applicable (format of a valid number is 7 digits plus 1 alphabetical character).
ADD1	Text	50		First address line
ADD2	Text	50		Second address line (if applicable)
CITY	Text	50		City address line
STATE	Text	2		State code
ZIP	Number	5	0 decimal places	5-digit ZIP code
ETHN	Number	1	0 decimal places	Ethnicity of client: 0 = Unknown 1 = White, not Hispanic 2 = African-American, not Hispanic 3 = American Indian or Alaskan native 4 = Asian or Pacific Islander 5 = Hispanic 6 = Other (biracial; Sudanese; etc.)
MARITAL	Number	1	0 decimal places	Marital status of client: 1 = Single, never married 2 = Married (includes common-law marriage) 3 = Divorced 4 = Separated 5 = Widowed
EDUC	Number	2	0 decimal places	Education level of the client

Field Name	Data Type	Field Size	Format	Description
RARG	Number	2	0 decimal places	Residential arrangement of client: 1 = Private residence/household 2 = State MHI 3 = State resource center 4 = Community supervised living 5 = Foster care or family life home 6 = Residential care facility 7 = RCF/MR 8 = RCF/PMI 9 = Intermediate care facility 10 = ICF/MR 11 = ICF/PMI 12 = Correctional facility 13 = Homeless shelter or street 14 = Other
LARG	Number	1	0 decimal places	Living arrangement of client: 1 = Lives alone 2 = Lives with relatives 3 = Lives with persons unrelated to client
INS	Number	1	0 decimal places	Health insurance owned by client: 1 = Client pays 3 = Medicaid 4 = Medicare 5 = Private third party 6 = Not insured 7 = Medically Needy
INSCAR	Text	50		First insurance company name, if applicable
INSCAR1	Text	50		Second insurance company name, if applicable
INSCAR2	Text	50		Third insurance company name, if applicable
VET	Text	1		Veteran status of client: Y = Yes N = No
CONSERVATOR	Number	1	0 decimal places	Conservator status of client: 1 = Self 2 = Other
GUARDIAN	Number	1	0 decimal places	Guardian status of client: 1 = Self 2 = Other
LEGSTAT	Number	1	0 decimal places	Legal status of client: 1 = Voluntary 2 = Involuntary, civil commitment 3 = Involuntary, criminal commitment
REFSO	Number	1	0 decimal places	Referral source of client: 1 = Self 2 = Family or friend 3 = Targeted case management 4 = Other case management 5 = Community corrections 6 = Social service agency other than case management 7 = Other
DSM (current version)	Text	50		DSM (current version) diagnosis code of client
ICD (current version)	Text	50		ICD (current version) diagnosis code (optional for county use; not tied to CoMIS entry)

Field Name	Data Type	Field Size	Format	Description
DG	Number	2	0 decimal places	Disability group of client: 40 = Mental illness 41 = Chronic mental illness 42 = Mental retardation 43 = Other developmental disability 44 = Other categories
Application Date	Date	10	mm/dd/yyyy	Date of client's initial application
Outcome decision	Number	1	0 decimal places	Decision on client's application: 1 = Application accepted 2 = Application denied 3 = Decision pending
Decision date	Date	10	mm/dd/yyyy	Date decision was made on client's application
Denial reason	Text	2		Denial reason code: 00 = Not applicable 01 = Over income guidelines 1A = Over resource guidelines 02 = Does not meet county plan criteria 2A = Legal settlement in another county 2B = State case 3A = Brain injury 3B = Alzheimer's 3C = Substance abuse 3D = Other 04 = Does not meet service plan criteria 05 = Client desires to discontinue process 5A = Client fails to return requested information
Client exit date from CPC	Date	10	mm/dd/yyyy	Date client was terminated from CPC services
Exit reason	Number	1	0 decimal places	Reason client left the CPC system: 0 = Unknown 1 = Client voluntarily withdrew 2 = Client deceased 3 = Unable to locate consumer 4 = Ineligible due to reasons other than income 5 = Ineligible, over income guidelines 6 = Client moved out of state 7 = Client no longer needs service 8 = Client has legal settlement in another county
Review Date	Date	10	mm/dd/yyyy	Date of last application review
PhoneNumber	Text	50		Phone number of client
ValidSSN	Text	3	Generated for CoMIS users in the data extract only	Populate this field with YES if the client has a valid social security number. If the client does not have a valid social security number, populate this field with NO.
IsPerson	Text	3	Generated for CoMIS users in the data extract only	Populate this field with YES if the client is a person. If the client entry represents a nonperson such as administrative costs, populate this field with NO.

c. — File name: WarehouseIncome.xls or WarehouseIncome.csv.

Sheet name: Warehouse_Income_Transfer_Query.

Field Name	Data Type	Field Size	Format	Description
CPC	Number	3	0-decimal places	Central point of coordination number: county number preceded by a 1
RESCO	Number	3	0-decimal places	Residence county of client: 1-99 = County number 100 = State of Iowa 900 = Undetermined or in dispute
LEGCO	Number	3	0-decimal places	Legal county of client: 1-99 = County number 100 = State of Iowa 900 = Undetermined or in dispute
Lname3	Text	3		The first 3 characters of the last name
Last4SSN	Text	4		The last 4 digits of the client's social security number. If that number is unknown, then use the last 4 digits of the CLIENT ID# field and mark column "ValidSSN" with the value "No."
BDATE	Date	10	mm/dd/yyyy	Date of client's birth
SEX	Text	1		Sex of client: M = Male F = Female
EMPL	Number	2	0-decimal places	Employment situation of client: 1 = Unemployed, available for work 2 = Unemployed, unavailable for work 3 = Employed full-time 4 = Employed part-time 5 = Retired 6 = Student 7 = Work activity employment 8 = Sheltered work employment 9 = Supported employment 10 = Vocational rehabilitation 11 = Seasonally employed 12 = In the armed forces 13 = Homemaker 14 = Other or not applicable 15 = Volunteer
House Hold Size	Number	2	0-decimal places	Number of people in client's household
INCSOUR	Number	2	0-decimal places	Primary income source of client: 1 = Family and friends 2 = Private relief agency 3 = Social security disability benefits 4 = Supplemental Security Income 5 = Social security benefits 6 = Pension 7 = Food assistance 8 = Veterans benefits 9 = Workers compensation 10 = General assistance 11 = Family investment program (FIP) 12 = Wages
Public Assistance Payments	Currency	14	2-decimal places	Monthly dollar amount for this income source (where applicable)
Social Security	Currency	14	2-decimal places	Monthly dollar amount for this income source (where applicable)
Social Security Disability	Currency	14	2-decimal places	Monthly dollar amount for this income source (where applicable)
SSI	Currency	14	2-decimal places	Monthly dollar amount for this income source (where applicable)
VA Benefits	Currency	14	2-decimal places	Monthly dollar amount for this income source (where applicable)
R/R Pension	Currency	14	2-decimal places	Monthly dollar amount for this income source (where applicable)

Field Name	Data Type	Field Size	Format	Description
Child Support	Currency	14	2 decimal places	Monthly dollar amount for this income source (where applicable)
Employment Wages	Currency	14	2 decimal places	Monthly dollar amount for this income source (where applicable)
Dividend Interest	Currency	14	2 decimal places	Monthly dollar amount for this income source (where applicable)
Other Income	Currency	14	2 decimal places	Monthly dollar amount for this income source (where applicable)
Description 1	Text	50		Description of "Other Income"
Cash on hand	Currency	14	2 decimal places	Dollar amount for this resource type (where applicable)
Checking	Currency	14	2 decimal places	Dollar amount for this resource type (where applicable)
Savings	Currency	14	2 decimal places	Dollar amount for this resource type (where applicable)
Stocks/Bonds	Currency	14	2 decimal places	Dollar amount for this resource type (where applicable)
Time Certificates	Currency	14	2 decimal places	Dollar amount for this resource type (where applicable)
Trust Funds	Currency	14	2 decimal places	Dollar amount for this resource type (where applicable)
Other Resources	Currency	14	2 decimal places	Dollar amount for this resource type (where applicable)
Description 2	Text	50		Description of "Other Resources" (where applicable)
Other Resources 2	Currency	14	2 decimal places	Dollar amount for this resource type (where applicable)
Description 3	Text	50		Description of "Other Resources 2"
Date reviewed	Date	10	mm/dd/yyyy	Date income was last reviewed (where applicable)

d. ~~File name: WarehousePayment.xls or WarehousePayment.csv. Sheet name:~~
Warehouse_Payment_Transfer_Quer.

Field Name	Data Type	Field Size	Format	Description
CPC	Number	3	0 decimal places	Central point of coordination number: county number preceded by a 1
RESCO	Number	3	0 decimal places	Residence county of client: 1-99 = County number 100 = State of Iowa 900 = Undetermined or in dispute
LEGCO	Number	3	0 decimal places	Legal county of client: 1-99 = County number 100 = State of Iowa 900 = Undetermined or in dispute
Lname3	Text	3		The first 3 characters of the last name
Last4SSN	Text	4		The last 4 digits of the client's social security number. If that number is unknown, use the last 4 digits of the CLIENT ID# field and mark column "ValidSSN" with the value "No."
BDATE	Date	10	mm/dd/yyyy	Date of client's birth
SEX	Text	1		Sex of client: M = Male F = Female
PYMTDATE	Date	10	mm/dd/yyyy	Date county approves or makes payment
VENNAME	Text	50		Vendor or provider paid

Field Name	Data Type	Field Size	Format	Description
COCODE	Number	3	0 decimal places	County where service was provided
FUND CODE	Text	10		Fund code for payment
DG	Number	2	0 decimal places	Disability group code for payment: 40 = Mental illness 41 = Chronic mental illness 42 = Mental retardation 43 = Other developmental disability 44 = Other categories
COACODE	Number	5	0 decimal places	Chart of accounts code for payment
BEGDATE	Date	10	mm/dd/yyyy	Beginning date of payment period
ENDDATE	Date	10	mm/dd/yyyy	Ending date of payment period
UNITS	Number	4	0 decimal places	Number of service units for payment
COPD	Currency	14	2 decimal places	Amount paid by the county
RECEIVED	Currency	14	2 decimal places	Amount received for reimbursement (if applicable)

e. ~~File name: WarehouseProvider.xls or WarehouseProvider.csv. Sheet name: Warehouse_Provider_Transfer_Queue. (If the provider has more than one office location, enter information for the headquarters office.)~~

Field Name	Data Type	Field Size	Format	Description
Provider ID	Text	50		Provider identifier (tax ID code)
Provider Name	Text	50		Provider name
Provider Address1	Text	50		Provider address line 1
Provider Address2	Text	50		Provider address line 2 (if applicable)
City	Text	50		Provider city
State	Text	2		Provider state code
Zip	Text	10		Provider ZIP code
COCODE	Number	3	0 decimal places	Provider county code
PhoneNumber	Text	50		Provider phone number
Date of Last Update	Date	10	mm/dd/yyyy	Provider last updated date

f. ~~File name: WarehouseProviderServices.xls or WarehouseProviderServices.csv. Sheet name: Warehouse_Provider_Services_Tra.~~

Field Name	Data Type	Field Size	Format	Description
Provider ID	Text	50		Provider identifier (tax ID code)
Provider Name	Text	50		Provider name
FUND CODE	Text	10		Fund code for payment
DG	Number	2	0 decimal places	Disability group code for payment: 40 = Mental illness 41 = Chronic mental illness 42 = Mental retardation 43 = Other developmental disability 44 = Other categories
COACODE	Number	5	0 decimal places	Chart of accounts code for service
RATE	Currency	14	2 decimal places	Payment rate

g. ~~File name: WarehouseService.xls or WarehouseService.csv. Sheet name: Warehouse_Service_Transfer_Queue.~~

Field Name	Data Type	Field Size	Format	Description
CPC	Number	3	0 decimal places	Central point of coordination number: county number preceded by a 1
RESCO	Number	3	0 decimal places	Residence county of client: 1-99 = County number 100 = State of Iowa 900 = Undetermined or in dispute
LEGO	Number	3	0 decimal places	Legal county of client: 1-99 = County number 100 = State of Iowa 200 = Iowa nonresident 900 = Undetermined or in dispute
Lname3	Text	3		The first 3 characters of the last name
Last4SSN	Text	4		The last 4 digits of the client's social security number. If that number is unknown, then use the last 4 digits of the CLIENT ID# field and mark column "ValidSSN" with the value "No."
BDATE	Date	10	mm/dd/yyyy	Date of client's birth
SEX	Text	1		Sex of client: M = Male F = Female
FUND CODE	Text	10		Fund code for service
DG	Number	2	0 decimal places	Disability group code for payment: 40 = Mental illness 41 = Chronic mental illness 42 = Mental retardation 43 = Other developmental disability 44 = Other category
COACODE	Number	5	0 decimal places	Chart of accounts code for service
Begin Date	Date	10	mm/dd/yyyy	Beginning date of service period
End Date	Date	10	mm/dd/yyyy	Ending date of service period
Ending Reason	Number	1	0 decimal places	Reason for terminating approval of service: 0 = NA 1 = Voluntary withdrawal 2 = Client no longer needs service 3 = Ineligible, over income guidelines 4 = Ineligible due to other than income 5 = Client moved out of state 6 = Client deceased 7 = Reauthorization
Units	Number	4	0 decimal places	Average number of service units approved monthly
Rate	Currency	14	2 decimal places	Dollar amount per service unit
Review Date	Date	10	mm/dd/yyyy	Date for next service review

This rule is intended to implement Iowa Code sections 331.438 and 331.439 chapter 331, subchapter III, parts 1 and 2.

ITEM 31. Amend subrule 25.54(4) as follows:

25.54(4) The advocate shall file with the court Iowa Ct. R. 12.36—Form 30, quarterly reports in a form prescribed by the court as the advocate feels necessary or as required for each individual assigned to the advocate. ~~The report shall state the actions taken with the individual and amount of time spent on behalf of the individual.~~

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EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 11/2/22.